



Registrar's Office

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7567 | www.uacccm.edu

TRANSCRIPT REQUEST

Name: _____ I.D./S.S. No. _____

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

(City) (State) (Zip) (County)

Contact Phone #: _____

Former Last Name(s): _____

Dates Attended: _____ Major: _____

Signature: _____ Date: _____
(Federal law requires student's signature before a transcript can be released)

Number of transcripts requested (limit of 5 per request) _____

Requested Method:

- Mail Fax Will pick up Electronically (if possible)
- Hold until grades are posted

Print Complete Name and Address (or Fax Number) of Receiving Agency/Institution:

Note: Transcripts of student's records will not be released until all financial and/or administrative obligations to the college have been satisfied.

OFFICE USE ONLY

Date Issued/Mailed: _____

Processed By: _____